

CHARACTERISTICS OF PRIORITY POPULATIONS

MEN WHO HAVE SEX WITH MEN (MSM)

HETEROSEXUAL FEMALES AT HIGH RISK

**HETEROSEXUAL MALE AND FEMALE
INJECTING DRUG USERS (HETERO IDU)**

**MEN WHO HAVE SEX WITH MEN AND ARE
INJECTING DRUG USERS (MSM/IDU)**

HETEROSEXUAL MALES AT HIGH RISK

CHARACTERISTICS OF THE PRIORITY POPULATIONS

MEN WHO HAVE SEX WITH MEN (MSM)

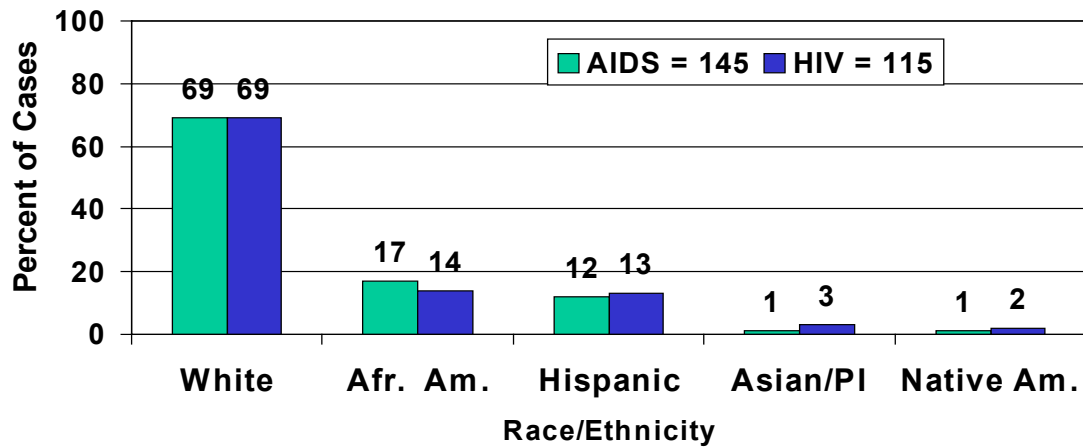
Men who have sex with men (MSM) represent the largest proportion of the risk exposures reported for males diagnosed with HIV or AIDS (41%), between 1998 and 2002. A total of 260 adult MSM were diagnosed with HIV and AIDS between 1998 and 2002.

The majority of all adult MSM in Nebraska reported with either HIV or AIDS were white, 69% for both HIV and AIDS cases. African American MSM reported with either HIV or AIDS were 17% for AIDS and 14% for HIV. Hispanic MSM reported with AIDS were 12% and were 13% among the HIV MSMs; Asian Pacific Islanders MSMs represented 1% of those with AIDS and 3% of those with HIV. Native Americans MSMs with AIDS represented 1% of the cases, while the MSM HIV cases represented 2% of the HIV cases.

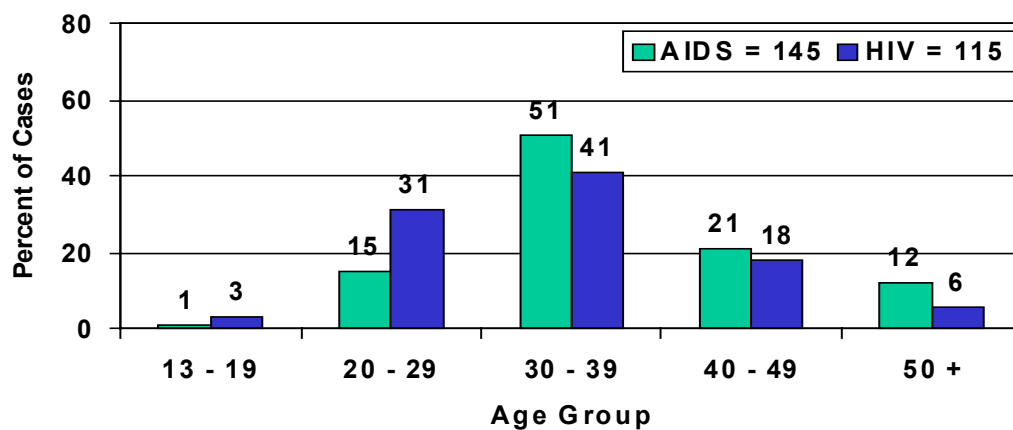
Between 1998 and 2002, the majority of the adult MSM in Nebraska reported with either HIV or AIDS were in the 30 to 39 year old age group: 51% of the AIDS cases and 41% of the HIV cases. The 2nd age group for MSM with AIDS is the 40 to 49 year old age group, representing 21%, while the 2nd largest age group for MSM with HIV is the 20 to 29 year old age group at 31%. The 3rd largest age group for MSM with HIV is the 40 to 49 year old age group, representing 18% of the cases. The 3rd largest age group for MSMs with AIDS is the 20 to 29 year old age group, representing 15% of the cases. Another important age group are those MSM 50 years of age and over when they were diagnosed. They were the 4th largest age group for both HIV and AIDS MSM cases, 12% of the AIDS cases and 6% of the HIV cases. There was a small percentage of both HIV and AIDS MSM who were between 13 and 19 years of age when they were diagnosed: 1% for AIDS and 3% for HIV.

Since the percentage of MSM under 30 years of age is higher among the HIV cases than the AIDS cases, 34% compared to 16%, the number of MSM in this age group may indicate the future of the HIV epidemic in Nebraska. However, the number of cases diagnosed per year was small, making it difficult to interpret this trend.

**Percent of Newly Diagnosed AIDS and HIV Cases
among MSMs
by Race/Ethnicity,
Nebraska, 1998-2002
N = 260**



**Percent of Newly Diagnosed AIDS and HIV Cases
among MSMs
by Age Groups,
Nebraska, 1998-2002
N = 260**



Men Who Have Sex with Men (MSM) (continued)

Characteristics

- Between 1998 and 2002, largest risk exposure for males with HIV and AIDS.
- Majority of MSM with HIV and AIDS white, followed by African American, Hispanic, Asian Pacific Islander and Native American.
- Majority of MSM with either HIV or AIDS between the ages 30-39, followed by ages 40-49 for AIDS and 20-29 for HIV. 3rd largest for AIDS MSMs was the 20-29, and 3rd largest for HIV was 40-49. The 4th largest for both HIV and AIDS was the 50 and over, while a very small number in the 13-19 range.

Needs Identified

- Education about HIV / AIDS / STD prevention
- Safe and adequate housing
- Involvement of the faith community
- Safe recreation, especially for young MSM
- Linguistically and culturally appropriate services
- Treatment and care that is respectful
- Transportation services
- Drug and alcohol prevention
- Adequate nutrition

Planned Interventions – Prevention

- Peer or non-peer led one-on-one counseling
- Peer or non-peer led skills building workshops (summits)
- Comprehensive, multi-session, risk reduction / skills building series
- Targeted counseling and testing

Planned Interventions – Care and Services

- Access to Ryan White Title II and Title III services
- Case Management Services
- ADAP services

Current Gaps – Prevention and Care

- Linguistically and culturally appropriate prevention and care services
- Linguistically and culturally appropriate HIV / AIDS / STD education
- Interpreters for medical and educational services
- Stigma, prejudice, and homophobia, especially in rural areas
- Medical and dental providers in rural areas
- Knowledgeable health care workers and providers, especially in rural areas
- Mental health services
- Substance use prevention and treatment services
- Safe and adequate housing
- Transportation services
- Safe social settings

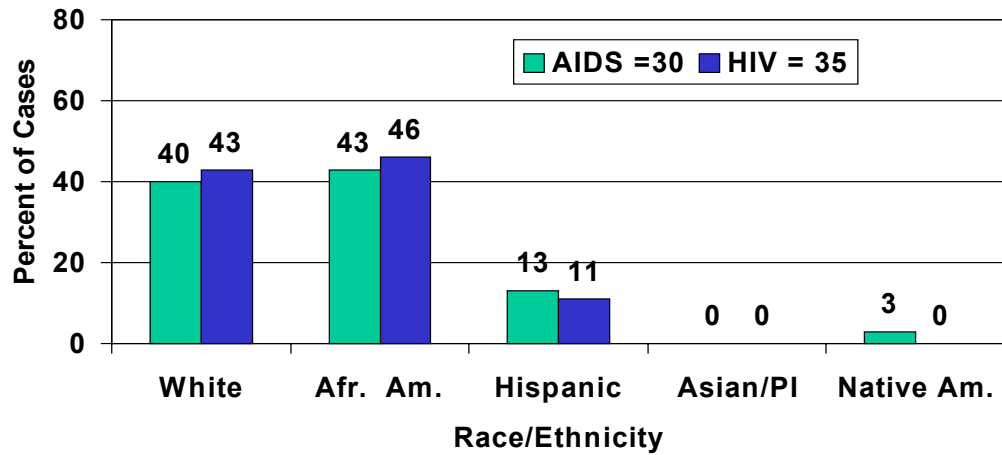
HETEROSEXUAL FEMALES AT HIGH RISK

Between 1998 and 2002, there were a total of 156 adult female HIV (80) and AIDS (76) cases diagnosed. The #1 risk exposure for adult females, for both HIV and AIDS cases, is sexual exposure with a male known to be at risk for HIV infection. There were a total of 65 adult females diagnosed with HIV (35) or AIDS (30) between 1998 and 2002, with a risk of sexual exposure. This group represents 39% of the AIDS cases and 44% of the HIV cases. The #2 risk exposure is injection drug use (IDU), representing 26% of the adult female AIDS cases and 14% of the HIV cases. The #3 risk exposure is no identified risk or no risk reported (which is really not a risk in and of itself). The percentage of no identified risk for both adult female HIV and AIDS cases is higher than the #2 risk exposure, IDU. No identified risk represents 32% of the adult female AIDS cases and 39% of the HIV cases. If the cases with no identified risk were to be resolved, it could change the proportions among all the risk exposures listed.

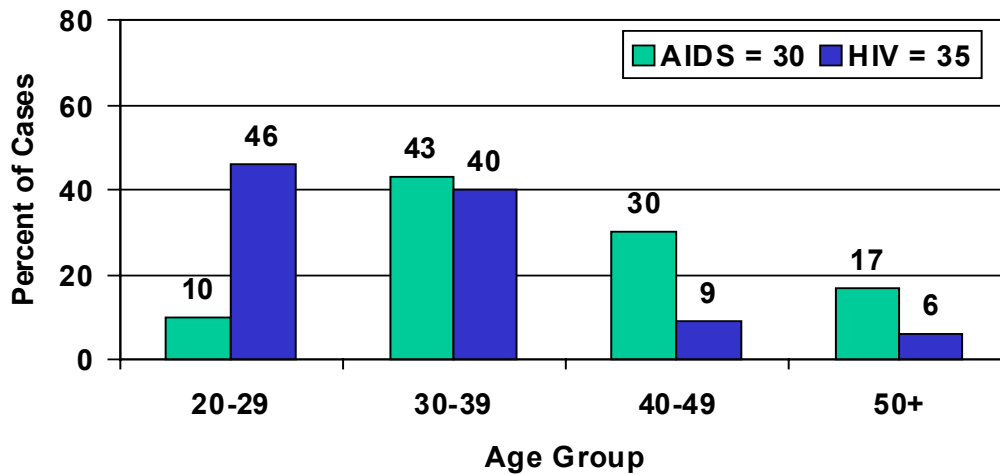
The majority of adult females sexually exposed in Nebraska are either African American or white. African Americans represented 43% of the AIDS cases and 46% of the HIV cases. The percentages for whites were very similar: 40% of the AIDS cases and 43% of the HIV cases. The percentage of Hispanics among females that were sexually exposed was 13% for Hispanic AIDS cases and 11% for HIV cases. There were no Asian Pacific Islanders among the females sexually exposed during this time period. Native Americans were not represented among the females sexually exposed HIV cases, but did represent 3% of those diagnosed with AIDS. The number of cases diagnosed per year was small, making it difficult to interpret any trends.

Of the 65 adult females sexually exposed to HIV or AIDS between 1998 and 2002, the majority of the AIDS cases (43%) were in the 30 to 39 year old age group. The majority of the HIV cases (46%), however, were in the 20 to 29 year old age group. The 2nd largest age group for adult females sexually exposed and diagnosed with AIDS is the 40 to 49 year old age group, representing 30% of all the AIDS cases. The 2nd largest age group for the HIV cases is the 30 to 39-year old age group, representing 40% of all HIV cases. The 3rd largest age group for those female AIDS cases who reported sexual exposure is in the 50 years of age and older age group, representing 17% of all the AIDS cases. The 3rd largest age group for adult HIV cases reporting sexual exposure as their risk is the 40 to 49 year old age group at 9%. There were no 13 to 19 year olds represented among the females sexually exposed with HIV or AIDS. The number of cases diagnosed per year for HIV and AIDS in all the age groups was small, making it difficult to interpret any trends.

**Percent of Newly Diagnosed AIDS and HIV Cases
among Female Sexually Exposed
by Race/Ethnicity
Nebraska, 1998-2002
N = 65**



**Percent of Newly Diagnosed AIDS and HIV Cases
among Female Sexually Exposed
by Age Group
Nebraska, 1998-2002
N = 65**



Heterosexual Females at High Risk (continued)

Characteristics

- Between 1998 and 2002, sexual exposure was the #1 risk for females with HIV and AIDS.
- Majority females sexually exposed with HIV or AIDS were either white or African American, followed by Hispanic, and Native American, with none for Asian Pacific Islander.
- Majority females sexually exposed with AIDS were 30-39 years old, but with HIV 20-29, followed by 30-39 for HIV and 40-49 for AIDS, then 50 and over and 20-29 with AIDS and 40-49 and 50 and over with HIV. There were none 13-19 with AIDS or HIV.

Needs Identified

- Education about HIV / AIDS / STD prevention
- Safe and adequate housing
- Linguistically and culturally appropriate services
- Counseling and testing
- Treatment and care that is respectful
- Involvement of the faith community
- Adequate resources for food, housing, children, and medical care
- Negotiation skills

Planned Interventions – Prevention

- Peer or non-peer led risk education / skills building multi-session workshops
- Peer or non-peer led one time summits / workshops
- Prevention Case management
- Targeted counseling and testing

Planned Interventions – Care and Services

- Access to Ryan White Title II and Title III services
- Case Management Services
- ADAP services

Current Gaps – Prevention and Care

- Linguistically and culturally appropriate services
- Linguistically and culturally appropriate HIV / AIDS / STD prevention education
- Interpreters for medical and educational services
- Safe and adequate housing
- Mental health services
- Drug and alcohol treatment services
- Adequate resources for food, housing, children, and medical care

HETEROSEXUAL MALE AND FEMALE INJECTING DRUG USERS (HETERO IDU)

There were a total of 475 male HIV (201) and AIDS (275) cases diagnosed between 1998 and 2002, and 156 female HIV (80) and AIDS (76) cases diagnosed in this time period.

Between 1998 and 2002, there were a total of 43 adult male IDU diagnosed with HIV (17) and AIDS (26). The #3 risk exposure for adult male AIDS cases is injecting drug use (IDU) at 9%. The #3 risk exposure for adult male HIV cases is injecting drug use (IDU) at 8%. The number of males not reporting a specific risk exposure was 16% of the AIDS cases and 19% for the HIV cases, which could revise the relative proportions of the # 2 risk exposure (MSM / IDU), #3 risk exposure (IDU), and the #4 risk exposure (sexual exposure), if the risk exposure could be determined.

The majority of IDU among adult males in Nebraska reported with either HIV or AIDS were white; 62% of the male AIDS cases and 53% of the HIV cases. African Americans among adult HIV and AIDS cases reporting IDU as their risk exposure is very similar: 15% for AIDS cases and 24% for HIV cases. The percentage of Hispanics among male IDU is also quite similar: 19% for AIDS cases and 18% for HIV cases. There were no Asian Pacific Islanders among the male IDU reported in this time period for either HIV or AIDS cases. Native Americans reporting IDU as their risk, represented 4% of the AIDS cases, and 6% of the male IDU cases diagnosed with HIV. The number of cases diagnosed per year was small making it difficult to interpret any trends.

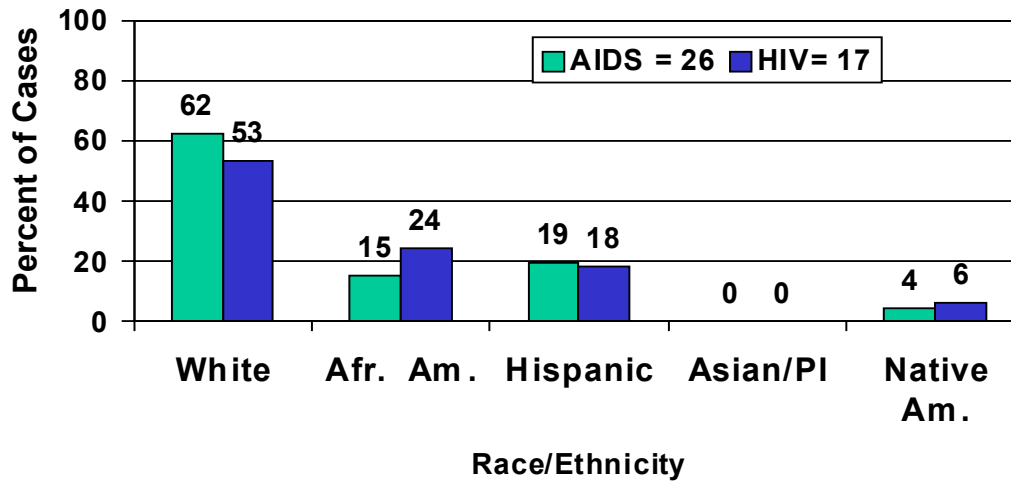
The majority of the IDU among adult males in Nebraska reported with either HIV or AIDS were in the 30 to 39 year old age group: 46% of the AIDS cases and 41% of the HIV cases. The next largest age group for IDU is the 40 to 49 year old age group, representing 35% of the AIDS cases and 36% of the HIV cases. The third largest age group for IDU with HIV is the 20 to 29-year old age group, representing 24% of the HIV cases, while the third largest age group for IDU with AIDS is the 50 and older age group, representing 12% of the cases. There were no male IDU cases that were 50 years of age and older represented among the HIV cases. There were also no cases of male IDU in the 13 to 19 year old age group reported for either HIV or AIDS cases.

Between 1998 and 2002, there were a total 31 adult female IDU diagnosed with HIV (11) and AIDS (20). The #2 risk exposure for adult females is injecting drug use (IDU), representing 26% of the adult female AIDS cases and 14% of the HIV cases. The number of females not reporting a specific risk exposure was 32% of the AIDS cases and 39% of the HIV cases, which could revise the relative proportions of the # 1 risk exposure (sexual exposure) and the #2 risk exposure (IDU), if the risk exposure could be determined.

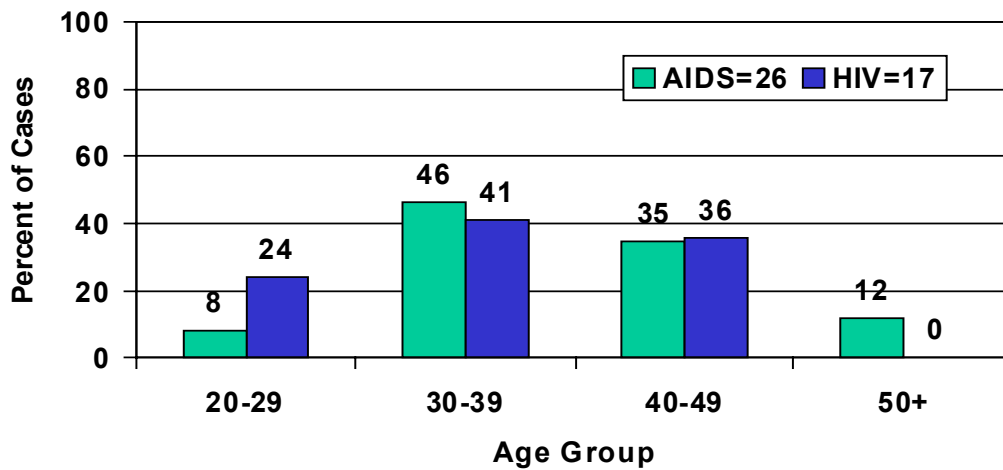
The majority of the IDU among adult females in Nebraska reported with either HIV or AIDS were white: 50% of the female AIDS cases and 55% of the HIV cases. African Americans were very close in percentages to the white female IDU representing 35% of the AIDS cases and 36% of the HIV cases. There were no Hispanic or Asian Pacific Islanders among the female IDU reported in this time period of either HIV or AIDS cases. Native Americans represented 15% of the female IDU cases, and 9% of the HIV cases. The number of cases diagnosed per year was very small, making it difficult to interpret any trends.

The majority of the female IDU AIDS cases were in the 30 to 39 year old age group, 35% for AIDS cases and 55% for HIV cases. The 2nd largest age group (29%) for female IDU diagnosed with HIV is the 20 to 29 year old age group, while the 2nd largest age group for AIDS cases is the 40 to 49 year old age group, representing 35% of the AIDS cases. The third largest (9%) age group for female IDU HIV cases is the 40 to 49 year old age group. The 50 and over age group represented only a small percentage of these cases. Ten percent of the female AIDS cases reporting IDU as their risk were 50 years of age or older, while there were no female IDU among the HIV cases in this age group. There were also no cases of female IDU in the 13 to 19 year old age group for either the HIV or AIDS cases. The number of cases diagnosed per year was small, making it difficult to interpret any trends.

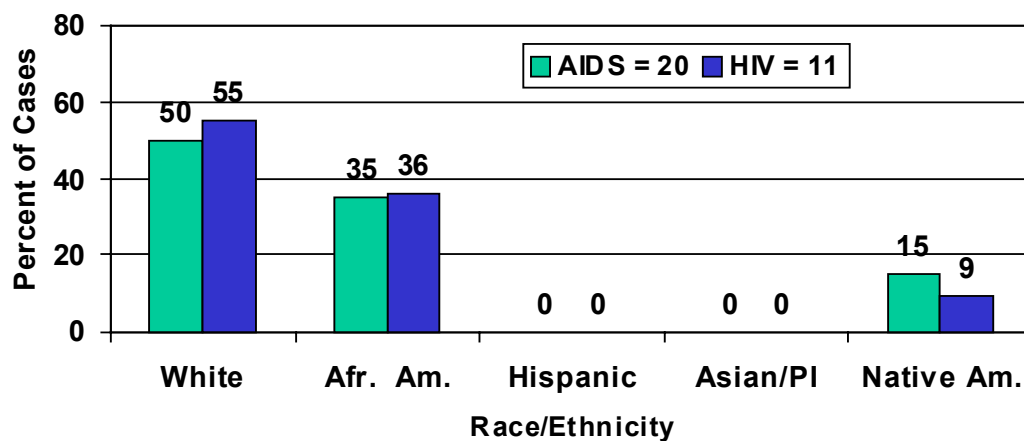
**Percent of Newly Diagnosed AIDS and HIV Cases
among Male IDUs
by Race/Ethnicity
Nebraska, 1998-2002
N = 43**



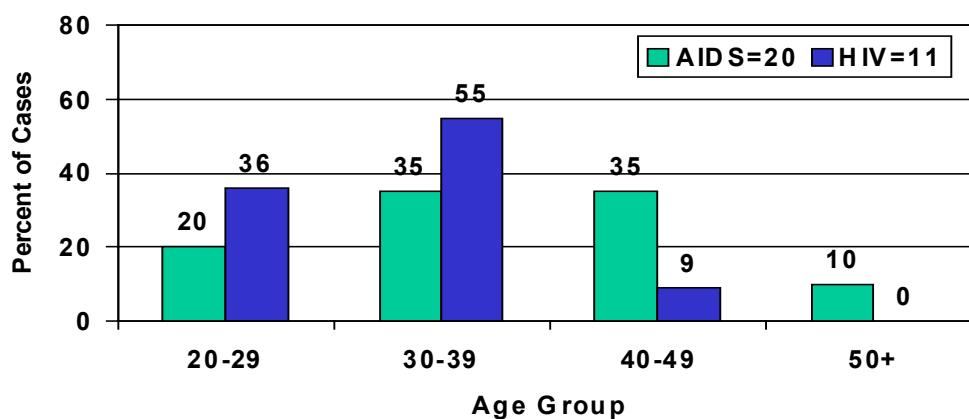
**Percent of Newly Diagnosed AIDS and HIV Cases
among Male IDUs
by Age Groups
Nebraska, 1998-2002
N = 43**



**Percent of Newly Diagnosed AIDS and HIV Cases
among Female IDUs
by Race/Ethnicity
Nebraska, 1998-2002
N = 31**



**Percent of Newly Diagnosed AIDS and HIV Cases
among Female IDUs
by Age Groups
Nebraska, 1998-2002
N = 31**



Heterosexual Male and Female Injecting Drug Users (Hetero / IDU) (continued)

Characteristics

- Between 1998 and 2002, IDU #3 risk exposure for males with AIDS and HIV.
- IDU #2 risk exposure for females with HIV and AIDS.
- Majority of IDU males with HIV or AIDS was white. African American and Hispanic with HIV or AIDS were similar. There were also a few Native American IDU with HIV and AIDS, but no Asian Pacific Islanders.
- Majority of IDU females with either HIV or AIDS was white, followed by African American and Native American. There were no Hispanic or Asian Pacific Islander female IDUs for either HIV or AIDS.
- Majority of male IDU with HIV or AIDS was 30-39 years old, followed by 40-49. The 3rd largest age group for male IDU with AIDS is the 50 and older age group, followed by the 20-29 year old age group. The 3rd largest age group for male IDU with HIV is the 20-29 year old age group. There was no male IDU cases with HIV among the 50 and over age group.
- Majority of female IDU with AIDS was both in the 30-39 age group, as well as the 40-49 age group. The majority of the female IDU with HIV were 30-39 years old, followed by the 20-29 year age group. The 2nd largest age group for female IDU with AIDS was also the 20-29 age group, while the next 3rd age group for HIV was in the 40-49 year age group. The 50 and over age group was the 3rd largest age group for female IDUs with AIDS, while there were no female IDUs with HIV in this age group. There were no female IDUs with HIV or AIDS in the 13-19 age group.

Needs Identified

- Education about HIV / AIDS / STD prevention
- Drug and alcohol prevention programs
- Needle exchange program
- Negotiation skills
- Counseling and testing
- Safe and adequate housing
- Involvement of the faith community
- Safe recreation, especially for youth
- Linguistically and culturally appropriate services
- Treatment and care that is respectful
- Adequate nutrition
- Transportation services

Planned Interventions – Prevention

- Peer or non-peer led workshops (summits)
- Peer or non-peer led multi-session series
- Prevention case management
- Targeted counseling and testing

Planned Interventions – Care and Services

- Access to Ryan White Title II and Title III services
- Case Management Services
- ADAP services

Current Gaps – Prevention and Care

- Linguistically and culturally appropriate prevention and care services
- Linguistically and culturally appropriate HIV / AIDS / STD education
- Interpreters for medical and educational services
- Stigma and prejudice, especially in rural areas
- Medical and dental providers in rural areas
- Knowledgeable health care workers and providers, especially in rural areas
- Mental health services
- Drug and alcohol prevention and treatment services
- Needle exchange program
- Safe and adequate housing
- Transportation services
- Safe social settings

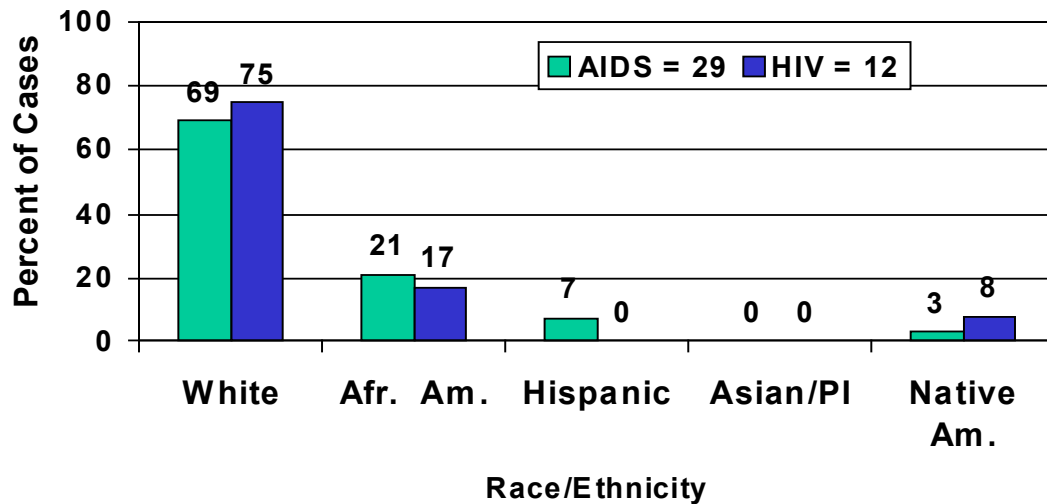
MEN WHO HAVE SEX WITH MEN AND ARE INJECTING DRUG USERS (MSM/IDU)

There were 274 adult AIDS cases and 201 adult HIV cases among males residing in Nebraska diagnosed between 1998 and 2002. Of those, 41 were MSM / IDU. This risk exposure is the 2nd largest risk exposure for males with AIDS and it is the 4th largest risk exposure for males with HIV.

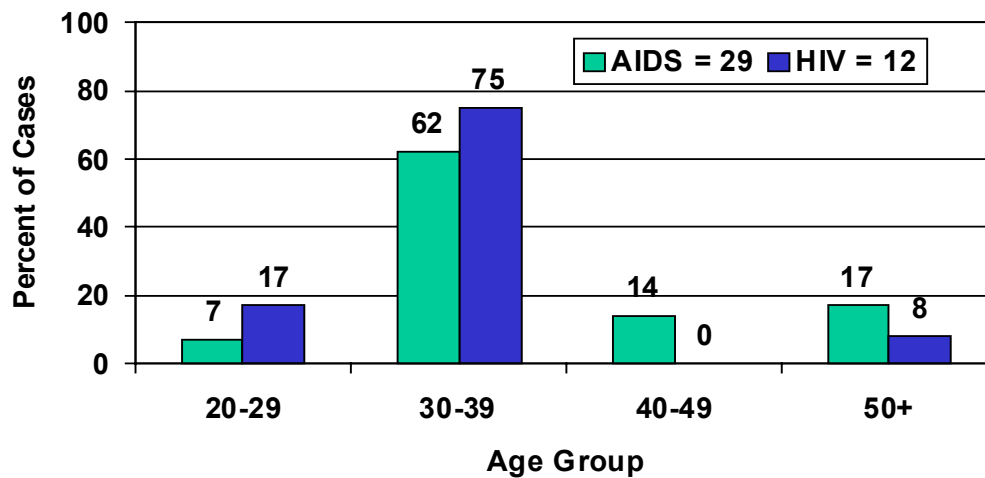
The majority of MSM / IDU among adult males in Nebraska reported with either HIV or AIDS were white: 69% of the male AIDS cases and 75% of the HIV cases. African American adult HIV and AIDS cases reporting MSM / IDU as their risk exposure is 21% for AIDS cases and 17% for HIV cases. Hispanic MSM / IDU was reported as 7% of the AIDS cases and 0% of the HIV cases. There were also no MSM / IDU reported for Asian Pacific Islanders among the HIV and AIDS cases. There were few Native American MSM/IDU, 3% for AIDS cases and 8% for HIV cases. The number of cases diagnosed per year in the African American and Hispanic MSM / IDU population was small, making it difficult to interpret any trends.

The majority of the MSM / IDU among adult males in Nebraska reported with either HIV or AIDS were in the 30 to 39 year old age group: 62% of the AIDS cases and 75% of the HIV cases. The next largest age group for MSM / IDU diagnosed with HIV is the 20 to 29 year old age group, representing 17% of the HIV cases, but only 7% of the AIDS cases. The third largest age group for MSM / IDU diagnosed with HIV is the 50 and over age group, representing 17% of the AIDS cases and 8% of the HIV cases. Those 50 years of age were actually the 2nd largest age group for the MSM / IDU diagnosed with AIDS. It is interesting to note that the 40 to 49 year old age group were very few in number among both MSM / IDU diagnosed with either HIV or AIDS, representing 14% of the AIDS cases and 0% of the HIV cases. There were no 13 to 19 year olds represented among the MSM / IDU with either HIV or AIDS. The number of cases diagnosed per year was 10 or less, making it difficult to interpret any trends.

**Percent of Newly Diagnosed AIDS and HIV Cases
among MSM/IDUs
by Race/Ethnicity
Nebraska, 1998-2002
N = 41**



**Percent of Newly Diagnosed AIDS and HIV Cases
among MSM/IDUs
by Age Groups
Nebraska, 1998-2002
N = 41**



Men Who Have Sex with Men and are Injecting Drug Users (MSM/IDU) (continued)

Characteristics

- Between 1998 and 2002, #2 risk exposure for males with AIDS; #4 risk exposure for males with HIV.
- Majority MSM / IDU were white, followed by African American, Hispanic, and Native American; none reported for Asian Pacific Islanders.
- Majority MSM / IDU with HIV or AIDS were 30-39 years old. 2nd largest for HIV was 20-29, but 2nd for AIDS was 50 & over. 3rd largest for HIV was 50 and over, and 3rd largest for AIDS was 40-49. There were no HIV cases 40-49, and none 13-19 for either HIV or AIDS.

Needs Identified

- Education about HIV / AIDS / STD prevention
- Drug and alcohol prevention programs
- Needle exchange program
- Counseling and testing
- Safe and adequate housing
- Involvement of the faith community
- Safe recreation, especially for young MSM
- Linguistically and culturally appropriate services
- Treatment and care that is respectful
- Adequate nutrition
- Transportation services

Planned Interventions – Prevention

- Peer or non-peer led workshops (summits)
- Peer or non-peer led multi-session risk reduction / skills building series
- Prevention case management
- Targeted counseling and testing

Planned Interventions – Care and Services

- Access to Ryan White Title II and Title III services
- Case Management Services
- ADAP services

Current Gaps – Prevention and Care

- Linguistically and culturally appropriate prevention and care services
- Linguistically and culturally appropriate HIV / AIDS / STD education
- Interpreters for medical and educational services
- Stigma, prejudice, and homophobia, especially in rural areas
- Medical and dental providers in rural areas
- Knowledgeable health care workers and providers, especially in rural areas
- Mental health services
- Drug and alcohol prevention and treatment services
- Needle exchange program
- Safe and adequate housing
- Transportation services
- Safe social settings

HETEROSEXUAL MALES AT HIGH RISK

Between 1998 and 2002 there were 274 adult males diagnosed with AIDS and 201 adult males diagnosed with HIV for a total of 475 adult males diagnosed with HIV or AIDS.

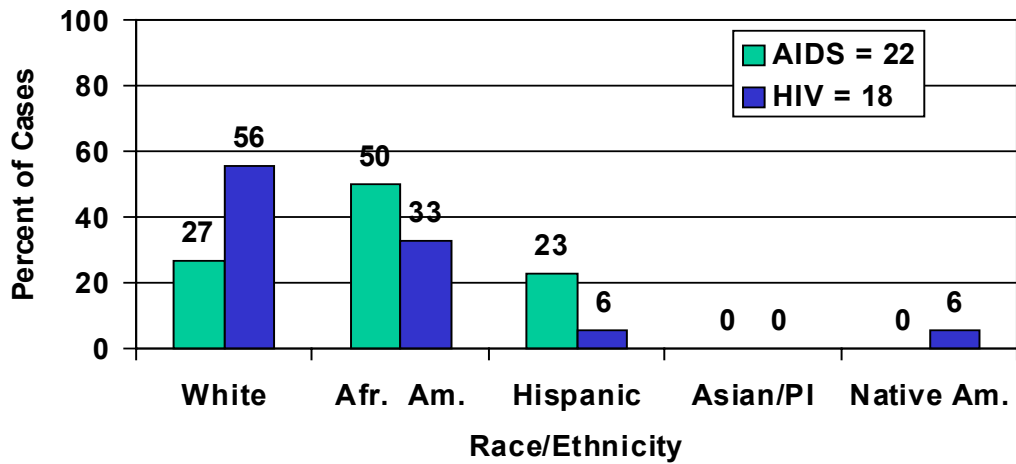
The #4 risk exposure for adult male AIDS cases is sexual exposure with a female known to be at risk for HIV infection (8%). The number of males not reporting a specific risk exposure was 16% for this group, which could revise the relative proportions of the #2 risk exposure (MSM / IDU), #3 risk exposure (IDU), and the #4 risk exposure (sexual exposure), if the risk exposure could be determined. Additional risk exposures reported for adult male AIDS cases were males receiving a transfusion (2%).

The #2 risk exposure for male HIV cases is sexual exposure with a female known to be at risk for HIV infection (9%). The number of males not reporting a specific risk exposure was 19% for this group, which could revise the relative proportions of the #3 risk (IDU), the #4 risk (MSM/IDU) and the #2 risk (sexual exposure), if the risk exposure could be determined.

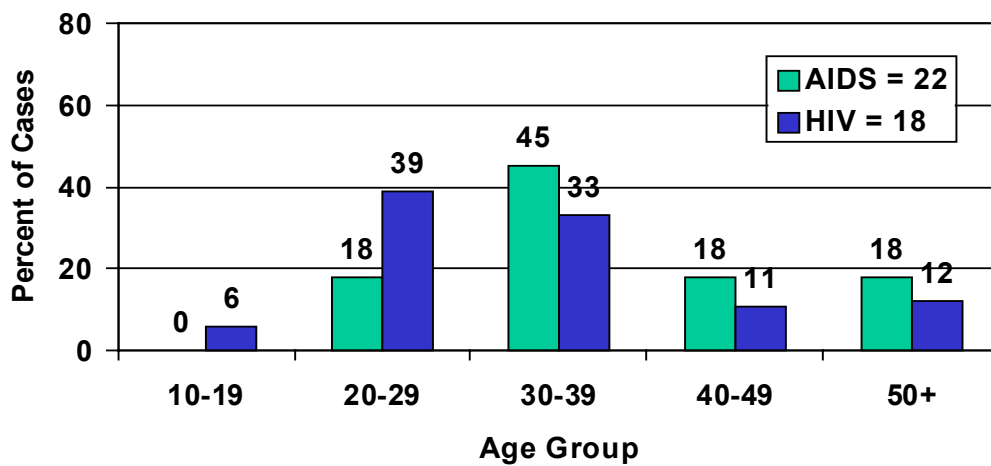
Between 1998 and 2002, 40 adult male HIV (18) and AIDS (22) cases reported sexual exposure as the risk. The majority (50%) of the adult male sexual exposure AIDS cases was African American, while the majority (56%) of the HIV adult males who were sexually exposed was white. White male AIDS cases with sexual exposure as their risk was 27% of the AIDS cases. African American HIV cases were 33% of those sexually exposed. The percentage of Hispanic adult males sexually exposed is 23% for AIDS and 6% for HIV cases. There were no Asian Pacific Islanders among males sexually exposed reported in this time period for either HIV or AIDS cases. Native Americans were not represented among the adult male sexually exposed AIDS cases, but did represent 6% of the males sexually exposed diagnosed with HIV. The number of cases diagnosed per year was small, making it difficult to interpret any trends.

The majority (45%) of the sexually exposed adult males in Nebraska reported with AIDS were in the 30 to 39 year old age group. The majority (39%) of the HIV sexually exposed males were in the 20 to 29 year old age group. The 2nd largest age group for sexually exposed males reported with AIDS is a three way tie between the 20 to 29 year old age group, the 40 to 49 year old age group and the 50 and over group, representing 18% of these cases. The 2nd largest age group for HIV sexually exposed males is in the 30 to 39 year old age group (33%). The third largest age groups for the sexually exposed male HIV cases were in the 50 years of age and older group (12%) followed by the 40 to 49 year old age group (11%). There were no 13 to 19 year olds represented among the sexually exposed with AIDS, but there were a few (6%) represented among the HIV cases. In all age groups, the number of cases diagnosed per year was small, making it difficult to interpret any trends.

**Percent of Newly Diagnosed AIDS and HIV Cases
among Males Sexually Exposed
by Race/Ethnicity
Nebraska, 1998-2002
N = 40**



**Percent of Newly Diagnosed AIDS and HIV Cases
among Males Sexually Exposed
by Age Groups
Nebraska, 1998-2002
N = 40**



Heterosexual Males at High Risk (continued)

Characteristics

- Between 1998 & 2002, males with AIDS reporting sexual exposure with a female known to be at risk for HIV was the #4 risk exposure; among HIV males reporting sexual exposure with female known to be at risk for HIV is the #2 risk.
- Majority of male AIDS cases reporting sexual exposure were African American, followed by white and Hispanic. Majority of male sexually exposed HIV cases was white, followed by African American, Hispanic, and Native American. There were no sexually exposed Asian Pacific Islanders for either HIV or AIDS, and no Native Americans with AIDS.
- The majority of sexually exposed males with AIDS were 30-39 years old, followed by 20-29, 40-49, and 50 & over. Majority of sexually exposed males with HIV was 20-29, 30-39, and 50 and over, and then 40-49, with a few 13-19. There were no 13-19 year olds among the AIDS cases.

Needs Identified

- Education about HIV / AIDS / STD prevention
- Safe and adequate housing
- Involvement of the faith community
- Safe recreation, especially for youth
- Linguistically and culturally appropriate services
- Treatment and care that is respectful
- Transportation services
- Drug and alcohol prevention
- Education and services for a transient population

Planned Interventions – Prevention

- Community-wide social gatherings incorporating basic HIV/AIDS information
- “Home outreach” model providing culturally and linguistically appropriate health education / risk reduction session
- Skills building, information sharing educational series targeting clients in alternative educational settings
- Targeted counseling and testing

Planned Interventions – Care and Services

- Access to Ryan White Title II and Title III services
- Case Management Services
- ADAP services

Current Gaps – Prevention and Care

- Linguistically and culturally appropriate prevention and care services
- Linguistically and culturally appropriate HIV / AIDS / STD education
- Interpreters for medical and educational services
- Stigma and prejudice, especially in rural areas
- Medical and dental providers in rural areas
- Knowledgeable health care workers and providers, especially in rural areas
- Mental health services
- Substance use prevention and treatment services
- Safe and adequate housing
- Transportation services
- Safe social settings
- Care and prevention services for a transient population